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| Signature of Inspector delivering sample to Laboratory: <b>John A. Jones</b>   | Laboratory Number(s): <b>This Space for State Lab Use Only</b>   |
| Sample Numbers of Inspector who collected samples: <b>JJ100-JJ110/ or Leave blank if no inspector number is assigned –the state lab will assign number(s).</b>   | Date Collected: <b>1/3/00</b>  |
| Name of <b>Establishment/Plant/Individual</b> -Include Address and Phone Number:<br><b>Tasty Steak Restaurant</b> <b>Mr. James Bean (consumer/complainant)</b><br><b>500 Maple Street</b> <b>211 Memorial Drive</b><br><b>Waterbury, MA 02172</b> <b>New City, MA 02113</b><br><b>(617) 923-0000</b> <b>(617) 523-2222</b> | Date Received in Laboratory: _____ Time: _____ Initials: _____<br>Condition received in Lab.: On ice _____ Frozen _____ Room Temp. _____<br>Other _____ <b>This Space for State Lab Use Only</b> |
| Sample origin: <b>James Bean (consumer/complainant)</b>  | Date results submitted to Supervisor: _____<br><b>This Space for State Lab Use Only</b>  |
| Send results to: Name/Title: <b>Mary Smith, RN</b><br>Address: <b>Waterbury Board of Health</b><br><b>300 Main Street</b><br><b>Waterbury, MA 02172</b><br>Phone: <b>(617) 923-0001</b> Fax: <b>(617) 923-0002</b>   |  |

SPECIFIC INSTRUCTIONS: **This Space for State Lab Use Only** ASSIGNMENT: **This Space for State Lab Use Only** DATE: **This Space for State Lab Use Only**

**Reason for sample submission:** Inspection: \_\_\_\_\_ Salvage: \_\_\_\_\_ Embargo: \_\_\_\_\_ (Tag # \_\_\_\_\_) Complaint: **X** General Complaint # \_\_\_\_\_ or Foodborne Illness: \_\_\_\_\_  
Foodborne Illness Complaint # **This Space for State Lab Use Only** Date purchased: **12/30/99**

## Massachusetts Department of Public Health

## Massachusetts State Laboratory Institute

## Food Microbiology Laboratory

## Product Information

## Lab Results

| Lab. Number                              | Inspector Number                        | Sample Description  | S'       | Description Type of Container<br>Sealed/Open         | Code/ Date                            | Net Wt/Vol Or Gross Wt/Vol | Results             |                     |                     |                     |                     |                     |
|--|---|---|----------|--|---------------------------------------|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <b>This Space for State Lab Use Only</b> | State Lab Use/ or Assign # <b>JJ100</b> | List detailed description. ex. <b>Cooked meatballs in tomato sauce with onions and mushrooms.</b> | <b>C</b> | <b>Aluminum pie plate covered with aluminum foil</b> | <b>None</b>                           | <b>Lab Use Only</b>        | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> |
| <b>This Space for State Lab Use Only</b> | State Lab Use/ or Assign # <b>JJ110</b> | <b>Sealed package of raw hamburger 80% lean.</b>  | <b>R</b> | <b>Polyfoam Package sealed with plastic wrap</b>     | <b>H705 Lot # 1501 Sell by 1/1/00</b> | <b>Lab Use Only</b>        | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> | <b>Lab Use Only</b> |

S': Indicates source of sample: Consumer-(C), Retail-(R), Manufacturer-(M), Distributor-(D), Follow-up-(F), Other-(O) <10 = not found at 10<sup>-1</sup> <100 = not found at 10<sup>-2</sup> <1000 = not found at 10<sup>-3</sup>

\* = Violation NF = Not Found NA = Not Applicable \*\* Results suggest further investigation of ingredients or food handling procedures is recommended.

Date analysis completed: **Lab Use Only** Leftover sample in lab: Yes: **Lab Use Only** No: **Lab Use Only** Date Reported: **Lab Use Only** Analyst(s): **Lab Use Only** Reviewed By: **Lab Use Only**

REMARKS: **This Space for State Lab Use Only**